

**MIAMI TOWNSHIP
MOTOR VEHICLE CRASH REPORT
(PRIVATE PROPERTY)**

LOCAL REPORT NO. 15-16323		CAD# 15-118315				LOCAL FILE NO. 15-16323	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH. PEDESTRIANS INVOLVED 02	IN COUNTY OF CLERMONT	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED	DATE OF CRASH 12-17-15	TIME: MILITARY 1100-1230
CRASH OCCURRED AT BURKE 25 WHITNEY DR. MILFORD, OH 45150						TWP PROPERTY DAMAGED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

NARRATIVE SECTION

A	UNIT NO. 01	NO. OF OCCUPANTS UNK	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO.
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)				
PHONE NO.		D.O.B.	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)			D.O.B.	ADDRESS			PHONE	
VEH. YR.	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO

B	UNIT NO. 02	NO. OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO. NONE SHOWN
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)				
PHONE NO.		D.O.B.	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME) FATH, STEPHANIE ANN			D.O.B. 3-8-85	ADDRESS 1101 EDGECOMB #3 45150 MILFORD, OH			PHONE 513-462-1713	
VEH. YR. 2006	MAKE CHRY	MODEL MARBU	COLOR BLK	STYLE 4DR.	STATE OH	LICENSE PLATE NO. 6KL9841	TOWING SERVICE	VEH/PED DIR FROM TO WE

OCCUPANT- WITNESS SECTION

FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE	DAMAGE SECTION CIRCLE DAMAGE UNIT # 01 UNK CIRCLE DAMAGE UNIT # 02	
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE		
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE		
	ADDRESS			

NARRATIVE SECTION

DESCRIBE CRASH REFER TO UNITS BY NUMBER	UNIT #2 PARKED IN A MARKED PARKING SPACE. (UNKNOWN)
	UNIT #1 STRUCK UNIT #2 THEN LEFT THE SCENE WITHOUT LEAVING ANY INFORMATION.

DATE REPORT FILED 12/17/15	PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OFFICER'S NAME PORTER	BADGE NO. 3	CHECKED BY 3
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